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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

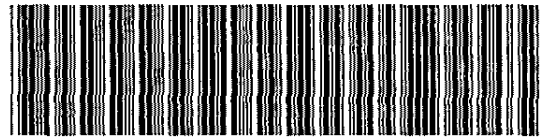
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 28 PM 12:49

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EARL CREEK of NW FLORIDA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Earl R. Fillingim
Name (Printed or typed)

P. O. Box 743
Address

State Lynn Haven, FL 32444
City, State & Zip

850-833-2290
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Eagle Creek of NW Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. Box 743, Lynn Haven FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Luxury Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Earl R. Fillingim, P.O. Box 743, Lynn Haven, FL 32444
President*

*Richard Q. Kottenberg 7050 5050 Coyote Trail
Chapley FL 32428*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*8509 South Bunt Mill Creek Rd.
Panama City, FL 32409*

Earl R. Fillingim

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Earl R. Fillingim
8509 S Bunt Mill Cr. Rd.
Panama City FL 32409*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Earl R. Fillingim

Signature/Registered Agent

7-28-06

Date

Earl R. Fillingim

Signature/Incorporator

7-28-06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA